Illness Anxiety Disorder: A Proposed Adlerian Formulation

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Abstract

Illness anxiety disorder was added to what is now known as the "Somatic Symptom and Related Disorders" category in the DSM-5. The author discusses the introduction of this diagnosis, reviews its key features, and examines how it is different from hypochondriasis, which has been reconceptualized and is currently known as somatic symptom disorder. Adlerian interpretations of hypochondriasis are reviewed and an Adlerian formulation of illness anxiety disorder is proposed. The author briefly discusses goals and strategy in the Adlerian treatment of this new disorder.

Keywords: Adlerian, anxiety, hypochondriasis, illness anxiety disorder

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, APA, 2013), introduced many new conditions, one of which was illness anxiety disorder. Although the main feature of this condition involves anxiety, preoccupation, reassurance seeking, and avoidance behaviors, it is not classified as an anxiety disorder per se but for the purposes of utility is listed under the "Somatic Symptom and Related Disorders" category. According to the DSM-5, illness anxiety disorder can be considered either in this section or as an anxiety disorder. What was known as hypochondriasis in the DSM-IV (APA, 1994) is termed "somatic symptom disorder" in the DSM-5:

> Approximately 75% of individuals previously diagnosed with hypochondriasis are subsumed under the diagnosis of somatic symptom disorder. However, about 25% of individuals with hypochondriasis have high health anxiety in the absence of somatic symptoms, and many such individuals' symptoms would not qualify for an anxiety disorder diagnosis. The DSM-5 diagnosis of illness anxiety disorder is for this latter group of individuals (APA, 2013, p. 310).

The somatoform disorders described in the DSM-IV were thought to be confusing and to have significant overlap between the different diagnoses (Reuman & Abramowitz, 2015). Thus, the DSM-5 introduced a new category that includes somatic symptom disorder, illness anxiety disorder, conversion disorder, psychological factors affecting other medical conditions, and factitious disorder. The purpose of this article is to review the key features of illness

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anxiety disorder and provide an Adlerian formulation of the condition. Goals and strategy in the Adlerian treatment of the disorder are also presented.

Months after graduating from college and having started his first "real" job, 24-year-old John was referred to the mental health clinic by his primary-care physician because of a persistent and exaggerated fear that he had stomach cancer. He reported intestinal bloating and constipation on rare occasions. He had undergone several comprehensive medical evaluations that revealed no evidence of a medical condition. He shared with the interviewing psychologist that he spent hours researching cancer on the internet every evening and sometimes while at work. He had also developed a very rigid lifestyle that included excessive exercise and a strict diet to avoid any foods that could possibly cause or exacerbate cancer. As a result of the exercise and careful diet he had lost a significant amount of weight. He also said he found it difficult to connect with colleagues at work, as he refused to go out for lunch with them. He had stopped socializing with friends who smoked and drank alcohol. Although he had no significant physical symptoms and his doctors found no evidence of a medical condition, he remained convinced that he had stomach cancer and would surely die at a young age. He experienced no other obsessive thoughts or fears.

Lauren, a 40-year-old married mother of two children, worked for a corporation as a professional tax attorney when she sought counseling. She was referred by her husband, who expressed concerns about her own constant concerns about having a heart condition. Over the course of a year her husband had found her to become increasingly anxious. When their 12-year-old daughter broke her arm and Lauren refused to visit her in the hospital, her husband insisted that she seek counseling. Lauren later explained that she was too afraid to visit her daughter as the hospital reminded her of her illness and the very real possibility of death. Problems had begun a few years earlier after Lauren had witnessed two women working in her company suffer heart attacks.

Illness anxiety disorder involves a preoccupation with having or acquiring a serious, undiagnosed medical illness. This unsubstantiated preoccupying belief that one has, or is in danger of developing, a serious medical illness despite no (or minimal) somatic symptoms constitutes the main feature of this disorder. In contrast to somatic symptom disorder, formerly known as hypochondriasis, individuals with illness anxiety disorder do not have accompanying somatic symptoms. If somatic symptoms are present they are only minimal in nature. According to the DSM-5 (APA, 2013), illness anxiety disorder is generally believed to be a chronic and relapsing condition. Typical age of onset is early to middle adulthood. It is thought to be rare in children.

Individuals with this disorder experience a high level of anxiety about their health and are easily alarmed about their personal health status. In an

effort to alleviate their anxiety, some individuals, like Lauren, will exhibit avoidance of health-related information (e.g., hospitals, seeing doctors), as this tends to trigger or further increase their anxiety. As with John, however, some engage in excessive health-related behaviors (e.g., checking body for signs or symptoms, excessively researching their suspected disease) in looking for reassurance.

The DSM-5 categorizes the condition into two main types: care seeking and care avoidant. The care-seeking type is someone who is inclined to frequently seek out medical assessments and care, whereas the care-avoidant type rarely seeks any kind of medical treatment. People with illness anxiety disorder typically do not understand their concerns as psychological in origin. Thus, they typically seek treatment in primary care and/or specialty clinics. They often remain dissatisfied with their medical care as they are constantly seeking a medical explanation for their fears or symptoms (Reuman & Abramowitz, 2015).

An Adlerian Formulation of Hypochondriasis

Most people with hypochondriasis are now classified as having somatic symptom disorder (APA, 2013). In the DSM-5 the diagnostic criteria for the disorder has been changed, but the two main features remain the same: the presence of somatic symptoms and a misinterpretation of those bodily symptoms causing the individual to believe he or she has a serious disease. Before developing an Adlerian formulation of illness anxiety disorder, let us look at hypochondriasis from an Adlerian perspective.

According to Adler (1956), symptoms are believed to be part of a self-handicapping strategy. When successful, a person can claim to have overcome a disability, or in the case of failure, he or she has a solid excuse. Physical symptoms develop through a process of selection and emphasis. The hypochondriac notices and exaggerates the presence and importance of physical sensations and finds some gain by doing so (Aghakhan & Slavik, 2007). Physical symptoms can serve a number of purposes for these individuals. However, the primary theme involves becoming preoccupied with physical symptoms so that there is little time to deal with life and deflecting attention away from real or perceived failure (Fall, 2005). Thus, suffering provides a distraction that is experienced as preferable to the possibility of what is feared the most: failure (Dreikurs, 1989).

The Adlerian concept of organ jargon (Adler, 1956) offers another angle on the conceptualization of hypochondriasis. Aghakhan and Slavik (2007) noted that the symptoms of hypochondriasis may or may not be a form of organ jargon. Organ jargon is the somatic expression of inner feelings: "To a certain degree, every emotion finds some bodily expression. The individual

will show his emotion in some visible form" (Adler, 1956, p. 223). Hence, with organ jargon, symptoms are said to describe the direct expression of the individual (Lapinsohn, 1956). In hypochondriasis however, the symptoms are used to further goals of safeguarding self-esteem rather than a direct physical expression (Aghakhan & Slavik, 2007).

Differential Diagnosis

The main difference between illness anxiety disorder and hypochondriasis, or what is now termed somatic symptom disorder, is the absence of physical symptoms. As we saw in the example with John, he started experiencing great fear that he had stomach cancer without any significant physical symptoms. The main stressor for John involved starting his first "real" job after graduating college. If physical symptoms are present in illness anxiety disorder, they are only mild in intensity and not contributing to any major disruption in daily life, as in somatic symptom disorder (APA, 2013).

Illness anxiety disorder is different from obsessive-compulsive disorder in that the individual experiences persistent worrying. They may experience intrusive thoughts about having an illness as well as compulsive behaviors (e.g., reassurance seeking), but the preoccupations are focused on having a disease as opposed to the possibility of getting a disease in the future (APA, 2013).

Dreikurs (1945/1973) talked about symptoms as being divided into three groups: disturbances of feeling, thinking, and bodily functions. Of the emotional disturbances "there is, first of all, fear, which is most pronounced in phobias and anxiety states, but which exists more or less in any neurosis, as fear is the basis of the neurotic attitude towards life. To this group belong . . . phobias . . . of disease of any kind, of death" (Dreikurs, 1945/1973, p. 129). Dreikurs considered obsessive ideas as seen in obsessive-compulsive disorder as a disturbance of thinking. The obsessive worrying seen in illness anxiety disorder is perhaps best understood as a disturbance in feeling.

Illness anxiety disorder must also be distinguished from specific phobia. The main difference between the two is that in the former there is a focus on having a serious illness rather than fearing a specific object or situation. Although not explicitly mentioned in the DSM-5, what underlies illness anxiety disorder are fears of dying, of experiencing severe physical pain, and/or of being incapacitated by the suspected medical condition. The individual's distress emanates from the anxiety about the cause, significance, and meaning of the suspected medical diagnosis. Illness becomes a dominant theme in the person's life that significantly affects their personal identity and self-esteem (APA, 2013). Unlike most cases of specific phobia, the fear of illness is constantly present and cannot be physically avoided, leading to incessant worrying. However, individuals with illness anxiety disorder will often avoid

situations that remind them of health- and illness-related issues such as hospitals, exercise, or visiting sick friends or family members.

A Proposed Formulation of Illness Anxiety Disorder

For Adler (1956), the main function of anxiety is to exercise control through helplessness or to force others to occupy themselves with the afflicted individual: "Once a person has acquired the attitude of running away from the difficulties of life, this attitude may be greatly strengthened and safeguarded by the addition of anxiety" (p. 276). Thus, Adler (1964) understood anxiety to be a conscious symptom, a form of safeguarding behavior: "It is not so much our concern that anxiety influences the sympathetic and parasympathetic nerves. We look, rather, for the purpose and end of anxiety" (p. 95).

Once a person assumes the point of view that the challenges of life must be avoided, he or she chooses an illness, albeit unconsciously. The purpose of becoming preoccupied with having a medical condition is to establish a safeguarding device that exempts the individual from life's difficulties. It also relieves the person from having to deal with his or her perceived inferiorities, thus safeguarding self-esteem.

Sacket-Maniacci and Maniacci (2014) described the lifestyle convictions typical of individuals with illness anxiety disorder. They noted that these individuals often believe that life is dangerous. However, rather than being afraid of things that could go wrong in the world around them, they are concerned about the things that could go wrong with their physical health. Sacket-Maniacci and Maniacci noted that these beliefs may have been learned either through overprotection in childhood in which there was an overemphasis on what could go wrong physically, or through neglect and a misreading of the child's needs and physical sensations. Children who have been neglected may have learned that there are advantages to being sick, such as acquiring love and attention when ill. Others may have noticed the attention other family members received when they were ill. These early experiences may perpetuate a continued focus on one's physical health and needs, and offer up options, through modeling, on how attention and other emotional needs can be met.

Griffith (1984) discussed the selection of an organ for use in organ jargon and argued that there are four factors that affect how an organ is selected: (a) The organ may be organically weak; (b) the family of origin may have modeled its use; (c) the organ may have some specific symbolic value to the individual; or (d) its use may be fashionable. Along the same lines, people with illness anxiety disorder select a disease that becomes the focus of their obsession.

As in the example of John, people who already experience mild physical symptoms may select an illness that is directly related to those symptoms. John had experienced some mild intestinal bloating and constipation on rare occasions in the past and his primary fear involved the possibility of having stomach cancer. For others, illnesses experienced by family members or friends become options for choosing. Some people with illness anxiety disorder decide to worry about a disease that they have witnessed loved ones experience. Another avenue for selection involves the symbolic value of the illness. One client developed a preoccupation with having lung cancer after learning that her adolescent daughter had started smoking. In the case of Lauren, she decided to worry about developing a condition she had witnessed occur in other women at work. Issues pertaining to heart health were certainly at the forefront of Lauren's mind given her experience with her colleagues. Additionally, it was a condition that her colleagues would empathize with. Research does suggest that cultural factors influence the types of bodily concerns people develop (Reuman & Abramowitz, 2015).

People with illness anxiety disorder have little or no time to deal with the challenges life sets before them. Their preoccupation with having a medical condition takes up most of their time and energy and becomes a dominant problem in their life. Thus, these individuals develop an acceptable excuse from life's responsibilities by creating an obstacle to overcome. As Adler (1927/1998) pointed out, "Fear of death or sickness is a typical characteristic of people who are seeking an excuse to avoid all duties and obligations" (p. 191).

Adlerian psychology conceptualizes the construction of neurosis as an active event that occurs in accordance to central lifestyle themes. Mosak (1968) noted that certain lifestyle themes are evident in individuals with anxiety and phobic reactions. First, the need to control or be in control is often a central theme for people with anxiety disorders. These individuals either wish to control life or make sure that life does not control them. Second, "the driver" exhibits an overambitious need to accomplish as much as possible. Underneath this drive are feelings of worthlessness that the individual attempts to overcome by "doing." Another lifestyle theme involves the "need to be good, perfect and/or right." These individuals exhibit a strong need to be perfect, a need to follow rules and do what is right, and always doing or being good.

Unlike somatic symptom disorder, the DSM-5 (APA, 2013) notes that individuals with illness anxiety disorder are not so much distressed about physical symptoms as about the meaning, significance, and cause of the complaint (i.e., their suspected medical condition). The implication of having a serious disease involves the possibility of physical suffering, disability, and/or death. For the person who needs to control, the possibility of disability or death represents the ultimate threat. For people with this lifestyle theme

the attempt to control their health may be become an option if and when they are unable to control other things in their lives. It may also serve as a distraction or excuse from having to be controlled by others. For "drivers," a preoccupation with having an illness can serve as a useful distraction if they find themselves struggling to reach their accomplishments. Additionally, people with this lifestyle theme may take pride in having accomplished so much in spite of having a serious medical illness. Finally, the person who needs to be good or perfect may attribute their failures to having dealt with a serious medical condition. For those with lifestyle themes of needing to be right, having a serious medical illness that nobody understands or is able to diagnose can provide the moral superiority they are seeking.

Another important lifestyle theme that is often seen in somatic symptom disorder but not necessarily illness anxiety disorder is "the martyr" (Mosak, 1968). The hypochondriac (somatic symptom disorder in DSM-5) is oversensitive to slights and criticism and will focus on and emphasize physical symptoms to increase their suffering in hopes of obtaining a sense of nobility (Adler, 1956; Mosak, 1977).

So, illness anxiety disorder can be conceptualized as an anxiety reaction in which an individual preoccupies him- or herself with having a serious medical condition, even in the absence of any significant physical symptoms. The anxiety reaction is created unconsciously as a way of safeguarding the individual's self-esteem and exempting the person from real or perceived difficulties in the life tasks, as life is perceived as overwhelming or too threatening to the person's self-image. People with illness anxiety disorder choose a particular condition to obsess about depending on what options are readily available to them.

Goals of Treatment

The goals of Adlerian psychotherapy for clients with illness anxiety disorder include helping the client to discontinue withdrawal from life, learn to accept the possibility of failure, tolerate the uncertainty of life, and ultimately give up the preoccupation with having a serious medical condition. Depending on the lifestyle theme of the client, the Adlerian therapist will shift the focus of the therapy to address the client's particular inferiority feelings and basic mistakes. Many clients with illness anxiety disorder will experience strong underlying fears of death or severe disability. Learning to tolerate these uncertainties is often an important treatment goal.

Given that clients with illness anxiety disorder are likely to come for therapy feeling dismissed and not taken seriously by the medical profession (Reuman & Abramowitz, 2015), the therapist needs to be prepared and responsive to their frustration and possible anger. Communicating respect for

their suffering and remaining open to the possibility that a medical condition may have gone undetected is important. At the same time, the Adlerian therapist must avoid supporting the client's position that he or she undoubtedly has a serious illness and instead direct the therapy toward learning to reduce stress and anxiety, and better tolerate uncertainty. Over the long term, the focus of treatment can begin to shift toward the client's avoidance of responsibilities within the life tasks and correcting irrational lifestyle convictions.

Conclusion

Illness anxiety disorder is a new mental disorder listed in the DSM-5 under the "Somatic Symptom and Related Disorders" category. According to the DSM-5 it can be considered under this particular section or as an anxiety disorder. The primary feature of the condition involves a preoccupation with having a serious undiagnosed medical illness. It is described as distinct from somatic symptom disorder, obsessive-compulsive disorder, and specific phobia. From an Adlerian perspective, the condition is conceptualized as an anxiety reaction, created unconsciously as a way of safeguarding the individual's self-esteem and exempting him or her from the difficulties of life. Lifestyle themes of the controller, the driver, and the need to be good, perfect, and/or right are central in this neurotic condition. The lifestyle theme of the martyr that is often seen in somatic symptom disorder (formerly hypochondriasis) is not a central feature in illness anxiety disorder. Finally, the Adlerian psychotherapist working with clients with this condition acknowledges and respects clients' fear and frustration with the medical profession. Yet they should work to avoid supporting clients' belief that they have a serious illness. Therapy is instead initially directed toward learning to reduce stress and anxiety and later addressing the client's avoidance of responsibilities within the life tasks and correcting basic mistakes within the client's lifestyle.

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